

**JOHNSON CITY MEDICAL CENTER**  
**400 N ST OF FRANKLIN RD, JOHNSON CITY, TN 37604**  
**DIAGNOSTIC IMAGING**

**Ordering Clinician:**

400 N STATE OF FRANKLIN ROAD  
 JOHNSON CITY, TN 37604

**Patient:**

Med Rec #: [REDACTED]  
 Admission #: [REDACTED]  
 DOB: [REDACTED]  
 Sex: T  
 Status: T  
 Class: E  
 Rm/Bed: -  
 Service: EMR  
 Exam Class: E  
 Admit Date: 10/17/2012  
 Corp ID: [REDACTED]

**Attending/Primary Care Clinician:**

400 N STATE OF FRANKLIN ROAD  
 JOHNSON CITY, TN 37604

CC:

**\*\*\* Final Report \*\*\***

PROCEDURE: JRD [REDACTED] CHEST PORTABLE

DATE OF EXAM: Oct 17 2012 11:01AM

RMS ORDER NO [REDACTED]

CPT(s): 71010

ADMITTING DIAGNOSIS: WEAKNESS

REASON FOR EXAM: headache

## RESULT:

REASON FOR EXAM: Weakness

COMPARISON: None

FINDINGS: CHEST PORTABLE, Oct 17, 2012 11:01:00 AM:  
 A single view of the chest is submitted.

The heart appears mildly prominent, but this is exaggerated the AP nature of the study.

Abnormal density is seen in the lower two-thirds of the right hemithorax. The right hilar structures, right heart border, and right diaphragm are obscured. There is a right-sided pleural effusion

## IMPRESSION:

Markedly abnormal appearance of the right hemithorax as described. There is a large effusion.  
 Underlying abnormalities are incompletely evaluated.

Technologist [REDACTED]

Original Transcriptionist: PowerScribe

Original Transcribe Date/Time: Oct 17 2012 11:07AM

Original Read by: [REDACTED] on Oct 17 2012 11:07AM

Original Signed by: [REDACTED] on Oct 17 2012 11:08AM

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Imaging Services Consultation [REDACTED]  
 Printed: Oct 17 2012 11:09AM [REDACTED]

**JOHNSON CITY MEDICAL CENTER**  
**400 N ST OF FRANKLIN RD, JOHNSON CITY, TN 37604**  
**DIAGNOSTIC IMAGING**

Ordering Clinician:

Patient:

Med Rec #:

Admission #:

DOB:

Sex:

F

Status:

A

Class:

I

Rm/Bed:

[REDACTED]

Service:

MED

Exam Class:

I

Admit Date:

10/17/2012

Corp ID:

Attending/Primary Care Clinician:

JOHNSON CITY, TN 37604

**\*\*\* Final Report \*\*\***

PROCEDURE: JCT [REDACTED] CT CHEST PE PROTOCOL WWO CONT

DATE OF EXAM: Oct 17 2012 6:20PM

RMS ORDER NO: [REDACTED]

CPT(s): 71275

ADMITTING DIAGNOSIS: COMMUNITY ACQUIRED PNEUMONIA

REASON FOR EXAM: rule out PE, desaturation

**RESULT:**

REASON FOR EXAMINATION: Pneumonia

COMPARISON: December 20, 2006

TECHNIQUE: Noncontrasted localizer images were performed. Spiral acquisition was then performed with 75 cc of Optiray 350 with a pulmonary embolism protocol at 1.25 mm increments. Post-processed coronal MIP images were also reviewed.

FINDINGS: There is no evidence of pulmonary embolism to the segmental level. The heart, pericardium and great vessels are unremarkable. There is no gross coronary artery calcification.

There is subcarinal adenopathy measuring up to 1.9 cm in short axis dimension. There is mild right hilar adenopathy measuring up to 1.3 cm in short axis dimension.. The lungs demonstrate mild scattered small airways disease and scattered areas of air-trapping. The major airways are patent.

Regional osseus structures are unremarkable. There is fatty infiltration of the liver. The liver and spleen are not completely included in the field-of-view but are suspected to be enlarged

**IMPRESSION:**

1. Small airways disease with associated air trapping
2. Mediastinal and right hilar adenopathy, likely reactive. Clinical followup is recommended
3. Fatty liver.
4. Suspected hepato splenomegaly

Technologist: [REDACTED]

Original Transcriptionist: PowerScribe

Original Transcribe Date/Time: Oct 17 2012 6:29PM

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Imaging Services Consultation

Printed: Oct 17 2012 6:34PM